

**REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE**

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

COUNTY APS/OMBUDSMAN CASE NUMBER	RECEIVING AGENCY USE ONLY	LAW ENFORCEMENT CASE/FILE NUMBER
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**A. VICTIM**

*NAME (LAST NAME FIRST):	*AGE:	DATE OF BIRTH:	SSN	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY) _____
*ADDRESS (IF FACILITY, INCLUDE NAME):				*CITY	*ZIP CODE	*TELEPHONE ( )
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE):				*CITY	*ZIP CODE	*TELEPHONE ( )
<input type="checkbox"/> ELDERLY (65+)	<input type="checkbox"/> DEVELOPMENTALLY DISABLED	<input type="checkbox"/> MENTALLY DISABLED/ILL	<input type="checkbox"/> PHYSICALLY DISABLED	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> LIVES ALONE	<input type="checkbox"/> LIVES WITH OTHERS

**\*B. REPORTING PARTY (Please ✓ check ☐ if reporting party waives confidentiality).**

*NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY
RELATION TO VICTIM	WHERE TO CONTACT: (STREET)	(CITY)	(ZIP CODE)
			TELEPHONE ( )

**C. INCIDENT INFORMATION - Address where Incident Occurred**

*DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER _____
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**\*D. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).**

<b>1. PERPETRATED BY OTHERS (WIC 15610.07)</b> a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> MEDICATION <input type="checkbox"/> OTHER (SPECIFY) _____ b. <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> ABANDONMENT c. <input type="checkbox"/> FINANCIAL <input type="checkbox"/> ISOLATION <input type="checkbox"/> OTHER (Non-Mandated e.g., Psychological/Mental, Abduction) d. <input type="checkbox"/> MEDICATION <input type="checkbox"/> OTHER (SPECIFY) _____	<b>2. SELF-NEGLECT (WIC 15610.57(b)(5))</b> a. <input type="checkbox"/> PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> OTHER (Non-Mandated e.g., financial) _____
ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) <input type="checkbox"/> NO PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> MENTAL SUFFERING <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN	

**\*E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (e.g., animals, weapons, communicable diseases, etc.). ☐ ✓ Check if medical, financial, photographs or other supplemental information is attached).****F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).**

*NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	*RELATIONSHIP
*ADDRESS	*ZIP CODE	*TELEPHONE ( )

**\*G. COLLATERAL CONTACTS AND/OR PERSONS BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)**

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

**H. SUSPECTED ABUSER Please ✓ check if ☐ Self-Neglect**

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type) _____	<input type="checkbox"/> PARENT	<input type="checkbox"/> SON/DAUGHTER	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> HEALTH PRACTITIONER (type) _____	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHER RELATION	
ADDRESS	*ZIP CODE	TELEPHONE ( )	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY
			AGE	D.O.B.
			HEIGHT	WEIGHT
			EYES	HAIR

**I. TELEPHONE REPORT MADE TO: (Completed by Mandated Reporter)**

NAME OF OFFICIAL CONTACTED BY PHONE	TELEPHONE ( )	DATE/TIME
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**J. WRITTEN REPORT ☐ Mailed or ☐ Faxed**

AGENCY NAME	ADDRESS OR FAX #	DATE MAILED OR FAXED
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**K. AGENCY USE ONLY ☐ Telephone Report ☐ Written Report**

1. Report Received by:	Date/Time:
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-day response <input type="checkbox"/> No face-to-face required	
Approved by:	Assigned to (optional):
3. Cross-Reported to: <input type="checkbox"/> APS <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Ombudsman <input type="checkbox"/> State Dept. of Mental Health <input type="checkbox"/> State Dept. of Developmental Services <input type="checkbox"/> CCL	
<input type="checkbox"/> State Dept. of Health Services Licensing & Crt <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse <input type="checkbox"/> Professional Board <input type="checkbox"/> Other (Specify) _____	

# REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

## GENERAL INSTRUCTIONS

### PURPOSE OF FORM

This form, as adopted by the California Department of Social Services, is required under WIC Sections 15630 and 15658(a)(1). This form serves to document the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. **"Elder,"** as defined in WIC Section 15610.27 means any person residing in this state 65 years of age or older. **"Dependent Adult,"** as defined in WIC Section 15610.23 means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code (H & S).

### REPORTING RESPONSIBILITIES

Mandated reporters\* (see definition) shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, neglect (including self-neglect), isolation and abandonment) involving an elder or dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The County Adult Protective Services (APS) agency or the local law enforcement agency (e.g., private residence, hotel or homeless shelter).
- Long-term care ombudsman program or the local law enforcement agency (e.g., nursing home, community care facility, residential care facility for the elderly or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (Sonoma State Hospital, Lanterman State Hospital, Porterville State Hospital, Fairview State Hospital, Agnews State Hospital).

### WHAT TO REPORT

Any mandated reporter\* who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, or neglect (including self-neglect), or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report (SOC 341) sent within two working days to the appropriate agency.

### MULTIPLE REPORTERS

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of abuse of an elder or dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single written report may be made and signed by the selected member of the reporting team. Any member, who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

### FAILURE TO REPORT

Failure to report physical abuse (including sexual abuse), abandonment, isolation, financial abuse, or neglect (including self-neglect) of an elder or dependent adult is a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than \$1,000, or both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in a county jail, a fine of up to \$5,000, or both imprisonment and fine.

### EXCEPTIONS TO REPORTING (WIC 15630 (2) (A))

A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect.
- (ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (iv) In the exercise of clinical judgement, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

In a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the state office of the long-term care ombudsman, have access to plans of care and have the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse **(WIC 15630 (3)(A))**:

- (i) The mandated reporter is aware that there is a proper plan of care.
- (ii) The mandated reporter is aware that the plan of care was properly provided or executed.
- (iii) A physical, mental, or medical injury occurred as a result of care pursuant to clause (i) or (ii).
- (iv) The mandated reporter reasonably believes that the injury was not the result of abuse.

## GENERAL INSTRUCTIONS (continued)

### WRITTEN REPORT / TELEPHONE REPORT

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete asterisk (\*) sections on the form when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, write "unknown" beside the item.
3. Part B. REPORTING PARTY - Please check if reporting party waives confidentiality.
4. Part B. REPORTING PARTY - Mandated reporters\* (see definition below) are required to give their names, and Non-mandated reporters may report anonymously.
5. Part C. INCIDENT INFORMATION - Please provide best-known time frame (e.g., 2 days, 1 week or ongoing).
6. Part D. Please check all types of suspected abuse that apply.
7. Part E. Reporter may attach medical diagrams, photographs of injuries or environment, etc.
8. Part I. TELEPHONE REPORT MADE TO: - The mandated reporter completes this section after making the telephone report.
9. Part K. AGENCY USE ONLY - This section may be used by the agency receiving the written report.

### DISTRIBUTION OF (SOC 341) FORM/COPIES

- Mandated Reporter - After making the telephone report send the original and one copy to the receiving agency and keep one copy for your file.
- Receiving Agency - Original to case file. A copy may be used to cross-report or may be discarded.

### IDENTITY OF THE REPORTER

The identity of all persons who report under Chapter 11 shall be confidential and disclosed only between adult protective services agencies, local law enforcement agencies, long term care ombudsman coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney General, licensing agencies, or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, or upon waiver of confidentiality by the reporter, or by court order.

### REPORTING PARTY DEFINITIONS

**\*Mandated Reporters (WIC 15630(a))** - Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter.

**Care custodian (WIC 15610.17)** - means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff:

- ♦ 24-hour health facilities (as defined in H&S 1250, 1250.2, 1250.3)
- ♦ Home health agencies
- ♦ Agencies providing publicly funded in-home supportive services, nutrition services or other home and community-based support services
- ♦ Secondary schools that serve 18 to 22 year old dependent adults and postsecondary educational institutions that serve dependent adults or elders
- ♦ Alzheimer's Disease day care resource centers
- ♦ Community care facilities, as defined in Section 1502 of the H&S Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the H&S Code.
- ♦ Vocational rehabilitation facilities and work activity centers
- ♦ California Department of Social Services and California Department of Health Services licensing divisions
- ♦ Regional center for persons with developmental disabilities
- ♦ Offices of patients' rights advocates and clients' rights advocates, including attorneys
- ♦ Offices of public conservators, public guardians, and court investigators
- ♦ Adult day health care centers
- ♦ Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following:
  - 1) The federal Developmental Disability Assistance and Bill of Rights Act, as amended, contained in Chapter 75 (commencing with Section 6000) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with developmental disabilities.
  - 2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illnesses.
- ♦ Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.
- ♦ Clinics
- ♦ Independent living centers
- ♦ Camps
- ♦ Respite care facilities
- ♦ Foster homes
- ♦ Designated area agencies on aging
- ♦ County welfare departments
- ♦ The office of the long-term care ombudsman
- ♦ Adult day care centers

**Health Practitioner (WIC 15610.37)** - means all of the following:

- ♦ Physician and surgeon
- ♦ Resident
- ♦ Licensed Nurse
- ♦ Psychiatrist
- ♦ Intern
- ♦ Dentist
- ♦ Dental Hygienist
- ♦ Psychologist
- ♦ Licensed Clinical Social Worker or Intern
- ♦ Podiatrist
- ♦ Chiropractor
- ♦ A marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions code.
- ♦ Any emergency medical technician I or II or paramedic.
- ♦ Any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- ♦ Any psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- ♦ A marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- ♦ Unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code.
- ♦ A State or county public health or social service employee who treats an elder or dependent adult for any condition.
- ♦ A coroner.
- ♦ A religious practitioner who diagnoses, examines or treats elders or dependent adults.